

REVOCATION OF CONSENT INDEPENDENT ADOPTION PROGRAM

Original: Court Record
Copy: Birth Parent
Copy: Case Record

INSTRUCTIONS:

*This form is to be signed by the birth parent who wishes to revoke his or her consent, including an Independent Adoption Placement Agreement, to the independent adoption of his or her child. The completed and signed revocation form is valid only if it is delivered to the California Department of Social Services (CDSS) or the delegated county adoption agency, whichever is investigating the proposed independent adoption, **before** the 90-day period has ended. The first day of the 90-day period is the day the consent is signed. The completed and signed revocation form is not valid if the parent has signed a Waiver of Right to Revoke Consent-Independent Adoption Program form. The agency representative who receives this revocation form shall complete Section B and give a copy of the form to the parent who signed the form.*

If the parent who signs this revocation form placed the child for adoption, he or she should arrange for the immediate return of the child from the petitioners/prospective adoptive parents to the parent. The parent should take physical custody of the child as soon as possible.

The child must immediately be returned to the parent signing this request. The adoption service provider shall assist the parent in obtaining the child's return if asked to do so. If the adoption service provider is not providing such assistance, the CDSS or delegated county adoption agency, upon the parent's request, shall assist the parent.

Section A:

I, _____, the mother/father of _____
BIRTH PARENT'S NAME CHILD'S NAME
born on _____, revoke my consent to adoption by, or the Independent Adoption Placement
DATE OF BIRTH
Agreement entered into with, _____ signed
NAMES OF PETITIONERS/PROSPECTIVE ADOPTIVE PARENTS
on _____.
DATE

I request that the child be returned to his or her birth parents.

SIGNATURE OF PARENT	DATE SIGNED
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Section B:

To be completed by the representative of the CDSS or delegated county adoption agency receiving the form:

PERSON RECEIVING FORM:	DATE RECEIVED:
AGENCY NAME:	
ADDRESS:	